



# State of New Hampshire

DEPARTMENT OF ADMINISTRATIVE SERVICES  
25 Capitol Street - Room 120  
Concord, New Hampshire 03301

128  
Am

Joseph B. Bouchard  
Assistant Commissioner  
(603) 271-3204

Division of Public Works  
Design and Construction  
Project No. 80929 - Contract O

June 19, 2017

His Excellency, Governor Christopher T. Sununu  
and the Honorable Council  
State House  
Concord, NH 03301

### REQUESTED ACTION

1). Authorize the Division of Public Works Design and Construction to enter into a contract with Structure Tone, LLC. (VC# 276931) Boston, MA, for a total price not to exceed \$2,097,524.94, for Steam Conversion at the Dolloff and Medical and Surgical Buildings in Concord, NH. This contract is effective through September 15, 2018, unless extended in accordance with the contract terms. **100% General Funds.**

2). Further authorize the amount of \$20,000 be approved for payment to the Department of Administrative Services, Division of Public Works Design and Construction (VC# 177875), for engineering services provided, bringing the total to \$2,117,524.94. **100% General Funds.**

Funding is available in account titled Department of Administrative Services as follows:

01-14-14-141510-69370000	Heating-State Owned Bldgs.	<u>SFY18</u>
	103-500736 - Contracts for OP Services	\$ 2,097,524.94
	103-500736 - Interagency - DPW Fees	<u>20,000.00</u>
	<b>Grand Total</b>	<b>\$ 2,117,524.94</b>

### EXPLANATION

This is a turn-key project that consists of furnishing all required demolition and construction services necessary to complete the installation of the HVAC and associated plumbing, fire protection, electrical, architectural and other building systems as indicated on the attached plans and in these specifications for the Dolloff and Medical and Surgical Buildings located at the Gov. Hugh Gallen State Office Park Campus. The scope of work originally included the Spaulding Building but in order to reduce the contract cost it will be bid separately.

His Excellency, Governor Christopher T. Sununu  
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June 19, 2017  
Page 2 of 2

The contractor has been pre-qualified by the Department of Transportation. The contract has been approved by the Attorney General as to form and execution, and the Department of Administrative Services has certified that the necessary funds are available. Copies of the fully executed contract are on file at the Secretary of State's Office and the Department of Administrative Services, Division of Public Works Design and Construction.

Attached please find a copy of the tabulation of bids for this project along with the contract supplemental information sheet.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Joseph B. Bouchard". The signature is fluid and cursive, with the first name "Joseph" being the most prominent.

Joseph B. Bouchard  
Assistant Commissioner

CONTRACT SUPPLEMENTAL INFORMATION SHEET

PROJECT: DPW Project No. 80929, Contract O – Steam Conversion, Dolloff and Medical and Surgical Buildings, Concord, New Hampshire.

DESCRIPTION: This is a turn-key project that consists of furnishing all required demolition and construction services necessary to complete the installation of the HVAC and associated plumbing, fire protection, electrical, architectural and other building systems as indicated on the attached plans and in these specifications for the Dolloff and Medical and Surgical buildings located at the Gov. Hugh Gallen State Office Park Campus (The scope of work in the Spaulding Building was removed from this project and will be bid separately).

EXPLANATION: With the closing of Concord Steam, there are a total of 26 State Buildings that will require heating system installations in order to maintain space temperatures during the winter months. This project will complete the installation of HVAC systems necessary to provide space heating for these two facilities, including the installation of pellet boilers.

OVER ESTIMATE

EXPLANATION: The original bid was approximately \$378,000 over the construction estimate. This could have been a result of several items; a single bidder; the proposed installation of pellet boilers at three facilities; and the need to construct an outside structure at one of the facilities to blend with the aesthetics of the campus. An effort was made to reduce cost by a combination of value engineering design changes that do not affect the overall quality of the design and construction, and the decision to remove the Spaulding Building from the scope of this project. (This will be redesigned and rebid.)

DEPARTMENT

ESTIMATE:	\$2,587,728.00
LOW BID:	\$2,965,934.20
<b>Negotiated</b>	<b>\$2,097,524.94</b>



Division of Public Works

# ABC Bid Data

CONCORD  
80729-0  
NON-FEDERAL

PROJECT: CONCORD  
 STATE PROJECT NUMBER: 80729-0  
 FED. PROJECT NUMBER: NON-FEDERAL  
 DATE BIDDING OPEN: April 05, 2017, 02:00 PM  
 SCOPE OF WORK: STEAM CONVERSION - Dolloff, Spaulding and M&S  
 COMPLETION DATE: Sept 15, 2018 *ready to*  
 LOCATION: Merrimack

Certified by: \_\_\_\_\_

## Summary of Bidders

Contractor	Bid Amount	Rank
STRUCTURETONE INC 711 ATLANTIC AVENUE, BOSTON MA 02111-2809	\$2,965,934.20	A

\$ 2,097,524.94

### BUREAU OF PUBLIC WORKS

Award to Structuretone, Inc  
 Hold for Negotiation  
 Cancel Contract  
 User Agency \_\_\_\_\_  
 Authorized by DA S  
 Date 105082017

Negotiated

Item No.	Description	Unit	Quantity	PS&E		STRUCTURETONE INC 711 ATLANTIC AVENUE BOSTON, MA 02111-2809
				Unit Price	Total	

901	DEMOLITION AND INSTLN OF GAS AND PELLET BOILER SYSTEMS AT DOLLOFF	U	1.000	\$1,104,315.00	\$1,104,315.00	\$1,452,967.10
902	DEMOLITION AND INSTLN OF PELLET BOILER SYSTEM FOR DOLLOFF & M&S	U	1.000	\$329,000.00	\$329,000.00	\$414,890.13
903	DEMOLITION AND INSTLN OF GAS BOILER SYSTEM AND ASSOCIATED WORK AT SPAULDING	U	1.000	\$156,826.00	\$156,826.00	\$266,593.42
904	DEMOLITION AND INSTLN OF PELLET BOILER BLDG & SYSTEM AND ASSOCIATED WORK AT SPAULDING	U	1.000	\$594,000.00	\$594,000.00	\$563,186.84
905	DEMOLITION AND INSTLN OF GAS BOILER SYSTEM AND ASSOCIATED WORK AT M&S	U	1.000	\$253,587.00	\$253,587.00	\$118,296.71
906	ALLOWANCE FOR OWNER INTIATED CHANGES	\$	150,000.000	\$1.00	\$150,000.00	\$150,000.00

Totals: **\$2,687,728.00** **\$2,965,934.20**



# STRUCTURETONE

May 5, 2017

National

Beverly Kowalik  
Project Manager  
Department of Administration Services  
Division of Public Works Design & Construction  
John O. Morton Building, Room 250  
7 Hazen Drive  
Concord, NH 03302

Austin, TX

Boston, MA

**RE: Contract 80929-0, Steam Conversion- Dolloff, Spaulding & MS Buildings**

Dallas, TX

Dear Beverly,

Hartford, CT

Per the VE process we just completed we are pleased to offer the following deductions to our original bid proposal submitted on 4/5/2017.

Houston, TX

- Deduct from base bid item 1 to substitute original design to VFD, Victaulic and pellet bin changes per marked up M111 (attached) provided by McFarland Johnson ( \$33,788.00). Negotiated cost of base bid item: \$1,419,179.10
- Deduct from base bid item 5 for substituting VFD, Victaulic and pro-press per marked up M111 (attached) provided by McFarland Johnson ( \$4,841.00). Negotiated cost of base bid item: \$113,455.71
- Deduct for eliminating line item 3 & 4 from base bid (\$829,780.26).
- All other items shall remain the same.
- Total negotiated contract price: \$2,097,524.94

New York, NY

Philadelphia, PA

San Antonio, TX

Very Truly Yours,  
STRUCTURE TONE

Stamford, CT

Woodbridge, NJ

Thomas Roy  
Regional Executive/Northern New England

International

Dublin, Ireland

London, England

**Structure Tone, LLC**

59 Stiles Road • Salem, NH 03079

tel: 603 912 5559





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/19/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036	<b>CONTACT NAME:</b> PHONE (A/C, No. Ext): E-MAIL ADDRESS:		<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>		
J44749-ST-MA-PRIME-17-18	001925	<b>INSURER A :</b> Arch Insurance Company	11150
<b>INSURED</b> Structure Tone, LLC 711 Atlantic Avenue Boston, MA 02111	<b>INSURER B :</b> XL Insurance America, Inc.	24554	
	<b>INSURER C :</b> ACE Property and Casualty Insurance Company	20699	
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
		<b>INSURER F :</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-008794182-01                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liability  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			11PKG8914308	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			11PKG8914308 (AOS) 11CAB8914408 (MA)	01/01/2017 01/01/2017	01/01/2018 01/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Ded - \$ 1,000
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			US00064696L17A	01/01/2017	01/01/2018	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below			11WC18914208 (AOS) 14WC18925108 (NY, TX)	01/01/2017 01/01/2017	01/01/2018 01/01/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	<b>EXCESS LIABILITY</b>			XSM G2819884A 001	01/01/2017	01/01/2018	EACH OCCURRENCE 15,000,000 AGGREGATE 15,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

Re: STI Job # 12001925 / Steam Conversion Phase I - Dolloff, Spaulding and Medical & Surgical Buildings, State Office Park South, Project No. 809209 Contract O  
State of New Hampshire and State of New Hampshire Department of Administrative Services are included as an Additional Insured (except for Workers Compensation) as required by written contract. This insurance is primary and non-contributory with respects to General Liability. A Waiver of Subrogation applies as required by written contract.

**CERTIFICATE HOLDER**State of New Hampshire  
Department of Administrative Services  
7 Hazen Drive  
Concord, NH 03301**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
of Marsh USA Inc.

Susan C. Ricciardi

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/07/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036  J44749-NH-OCF-17-18	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____																				
	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Arch Insurance Company	11150	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
<b>INSURED</b> State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord, NH 03301																					

**COVERAGES**                      **CERTIFICATE NUMBER:** NYC-008787303-01                      **REVISION NUMBER:** 1

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ _____ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ _____ MED EXP (Any one person) \$ _____ PERSONAL & ADV INJURY \$ _____ GENERAL AGGREGATE \$ _____ PRODUCTS COMP/OP AGG \$ _____	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTIONS						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> A					PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____	
A	Owners Contractors  Protective Liability			99COP1142600	04/25/2017	11/01/2018	EACH OCCURRENCE 2,000,000  AGGREGATE 3,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: Contract #90920(0) - Turnkey project that consist of furnishing all required demolition & construction services necessary to complete the installation of the HVAC & associated plumbing, fire protection, electrical, architectural & other building systems for the Dolloff, Spaulding and M&S Buildings. Includes: Site construction, concrete, masonry thermal & moisture protection, doors & windows, finishes, mechanical electrical.

**CERTIFICATE HOLDER****CANCELLATION**

State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord, NH 03301	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Susan C. Ricciardi
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# EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/14/2017

THIS EVIDENCE OF PROPERTY INSURANCE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE ADDITIONAL INTEREST NAMED BELOW. THIS EVIDENCE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS EVIDENCE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE ADDITIONAL INTEREST.

<b>AGENCY</b> Marsh USA, Inc. 1166 Avenue of the Americas New York, NY 10036		<b>PHONE (A/C, No, Ex):</b> 001925	<b>COMPANY</b> XL Insurance America	
<b>J44749-c10M-BOSTO-17-18</b>		<b>INSURED</b> Structure Tone, LLC 711 Atlantic Avenue Boston, MA 02111		
<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>		<b>LOAN NUMBER</b>	<b>POLICY NUMBER</b> US00068952CA17A
<b>CODE:</b>	<b>SUB CODE:</b>		<b>EFFECTIVE DATE</b> 01/01/2017	<b>EXPIRATION DATE</b> 01/01/2018
<b>AGENCY CUSTOMER ID #:</b>		<input type="checkbox"/> <b>CONTINUED UNTIL TERMINATED IF CHECKED</b>		
<b>THIS REPLACES PRIOR EVIDENCE DATED:</b>				

## PROPERTY INFORMATION

**LOCATION/DESCRIPTION**  
 Re: ST1 Job # 12001925 / Steam Conversion Phase I, Doltoff, Spaulding and Medical & Surgical Buildings, State Office Park South - Project No 809209. Contract O

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS EVIDENCE OF PROPERTY INSURANCE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COVERAGE INFORMATION	PERILS INSURED				AMOUNT OF INSURANCE	DEDUCTIBLE
	BASIC	BROAD	SPECIAL			
<b>Builders Risk</b> Deductible: All other \$10,000; Water Damage \$25,000 Other deductibles may apply as per policy terms and conditions.					2,097,525	

## REMARKS (Including Special Conditions)

State of New Hampshire and State of New Hampshire Department of Administrative Services are included as additional insured as their interest may appear and loss payee where required by written contract in respect of ST1 Job # 12001925 / Steam Conversion Phase I, Doltoff, Spaulding and Medical & Surgical Buildings, State Office Park South - Project No. 809209. Contract O

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

## ADDITIONAL INTEREST

NYC-008780823-08

<b>NAME AND ADDRESS</b>  State of New Hampshire Department of Administrative Services 7 Hazen Drive Concord, NH 03301	<input checked="" type="checkbox"/> <b>ADDITIONAL INSURED</b>	<input type="checkbox"/> <b>LENDER'S LOSS PAYABLE</b>	<input checked="" type="checkbox"/> <b>LOSS PAYEE</b>
	<input type="checkbox"/> <b>MORTGAGEE</b>	<b>LOAN #</b>	
<b>AUTHORIZED REPRESENTATIVE</b> of Marsh USA Inc. Manashi Mukherjee <i>Manashi Mukherjee</i>			